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2019 MAR -4 PM 3:29

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)
COUNTY OF LAKE) SS:
2019

On this the 4th day of March, 2019, **HENRI JEAN SIMMONS**, being first duly sworn upon oath, deposes and says:

1. That **HENRI JEAN SIMMONS** resides at 101 E. 50th Ave, Gary IN 46409.
2. That **HENRI JEAN SIMMONS** is the daughter of **GESTINE PRICE** who duly and legally acquired title as Joint-Tenants with Rights of Survivorship together to:

Parcel Number: 45-08-34-304-014.000-004

Lot 39 in Block 5 in Broadhurst, in the City of Gary, as per plat thereof, recorded in Plat Book 19 page 13, in the Office of the Recorder of Lake County, Indiana.

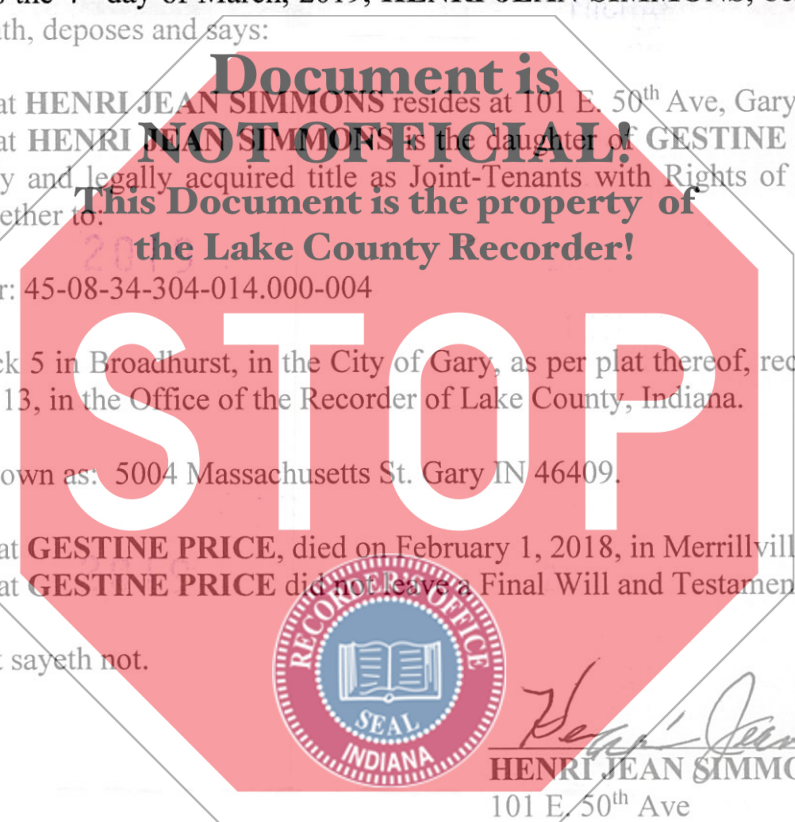
Commonly known as: 5004 Massachusetts St. Gary IN 46409.

3. That **GESTINE PRICE**, died on February 1, 2018, in Merrillville, Indiana.
4. That **GESTINE PRICE** did not leave a Final Will and Testament.

Further affiant sayeth not.



Henri Jean Simmons
HENRI JEAN SIMMONS
 101 E 50th Ave
 Gary IN 46409



FILED

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

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CASE
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STATE OF INDIANA

COUNTY OF LAKE

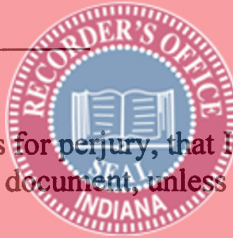
Document is NOT OFFICIAL!

Before me the undersigned, a Notary Public and in for said County and State, this 4th day of March, 2019, personally appeared HENRI JEAN SIMMONS and acknowledged the execution of the foregoing deed.

In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Kelly C. Kopulos-Davila
Notary Public

My Commission Expires: _____
Resident of Lake County



I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

Kelly C. Kopulos-Davila

This Instrument Prepared By:
Law Office of Rinzer Williams & Associates LLC
3637 Grant St. Ste. 3, Gary, IN phone: 46408 219-884-6000



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 151146

Local No 900550

EDR No 00000625629

State No 008728

1. Decedent's Legal Name (First, Middle, Last) GESTINE PRICE				1a. Maiden Name (If female) ALLEN		2. Sex FEMALE	3. Time Of Death 11:34 AM	4. Date Of Death (Month/Day/Year) 02/01/2018		
5. Social Security Number [REDACTED]	6a. Age - Yrs 92	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 11/27/1925		8. Birthplace (City and State or Foreign Country) EDWARDS, MS		
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) LINCOLNSHIRE HEALTH CARE CENTER						12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410		13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown
15. Surviving Spouse's Name			15a. Last Name Before First Marriage		16. Decedent's Usual Occupation CLERK		17. Kind Of Business/Industry AL'S CLEANERS			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.	18e. Zip Code 46409	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 5004 MASSACHUSETTS STREET		19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American		22. Parent's Name (First, Middle, Last) JAMES ALLEN		
22. Parent's Name (First, Middle, Last) JAMES ALLEN		23. Parents Name (First, Middle, Last) FLORENCE ALLEN		23a. Parent's Last Name Before First Marriage WOODS		24. Informant's Name HENRI JEAN SIMMONS		24b. Relationship To Decedent DAUGHTER		
24. Informant's Name HENRI JEAN SIMMONS		24c. Mailing Address (Street And Number, City, State, Zip Code) 2450 W. 11TH AVENUE, GARY, IN 46409		25. Place Of Disposition OAK HILL CREMATORY		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) GARY, IN		25c. Location - City, Town, And State		
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404		27a. Funeral Home License Number FH83007704		27b. Signature Of Indiana Funeral Service Licensee PATRICIAN L. OWENS, BY ELECTRONIC SIGNATURE		
27b. Signature Of Indiana Funeral Service Licensee PATRICIAN L. OWENS, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) ED08700298		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. RESPIRATORY DISTRESS Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. MYOCARDIAL INFARCTION		28. Cause Of Death (See Instructions And Examples) LAKE COUNTY HEALTH DEPARTMENT		28. Approximate Interval: Onset To Death 1HR 30MIN		
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. RESPIRATORY DISTRESS Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. MYOCARDIAL INFARCTION		28. Cause Of Death (See Instructions And Examples) LAKE COUNTY HEALTH DEPARTMENT		28. Approximate Interval: Onset To Death 1HR 30MIN		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Location Of Injury - State		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: OKECHI N. NWABARA, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: OKECHI N. NWABARA, 3535 BROADWAY, GARY, IN 46409						44. License Number 01033511A		45. Date Certified 02/14/2018		
46. Additional Funeral Service Provider:						47. *Atas:				
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): FEB 20 2018				



FEB 22 2018

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